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** CONTINUING DATA *****

NON L

** FOREIGN APPLICATIONS *****

NON L

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/18/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 82	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

22462

TITLE

Medication delivery system and monitor

FILING FEE RECEIVED 3574	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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